

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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OMB APPROVAL

FORM D FIAT 17 /6 NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION Strangton, I

| hours per form16.00. |         |        |        |  |  |  |  |  |
|----------------------|---------|--------|--------|--|--|--|--|--|
| ıŲ                   | SEC US  | E ONLY |        |  |  |  |  |  |
| Prefix               |         |        | Serial |  |  |  |  |  |
| وم                   | 1       | 1      |        |  |  |  |  |  |
|                      | DATE RE | CEIVED |        |  |  |  |  |  |
|                      |         |        |        |  |  |  |  |  |

| Name of Offering (☐ che          | ck if this is an amendn | nent and name   | has changed, and i    | ndicate change.)       |             |                |                     |
|----------------------------------|-------------------------|-----------------|-----------------------|------------------------|-------------|----------------|---------------------|
| Participating redeemable sha     | ares of Victor Equity   | Fund, Ltd.      |                       |                        |             |                |                     |
| Filing Under (Check box(es) th   | at apply):              | ] Rule 504      | ☐ Rule 505            | Rule 506               | ☐ Section   | 1 4(6) 🔲 Ul    | LOE                 |
| Type of Filing:                  | Filing                  | ] Amendment     |                       |                        |             |                |                     |
|                                  | .,,                     | A. BASI         | CIDENTIFICAT          | ION DATA               | <br>1444114 |                |                     |
| Enter the information requ       | ested about the issue   | )r              |                       |                        |             |                |                     |
| Name of Issuer                   | ck if this is an amendm | ent and name t  | nas changed, and in   | dicate change.         |             | 09035502       | Patrie Her 1984     |
| Address of Executive Offices:    |                         |                 | (Number and Stre      | et, City, State, Zip C | ode) Telepi | hone Number (l | ncluding Area Code) |
| Maples Finance Limited, P.O.     | . Box 1093GT, Georg     | je Town, Grand  | d Cayman, Caymar      | n Islands              |             |                | 2-0400              |
| Address of Principal Offices     |                         |                 | (Number and Stre      | et, City, State, Zip C | ode) Telepi | hone Number (I | ncluding Area Code) |
| (if different from Executive Off | ices)                   |                 |                       |                        |             | MAD            | <del>2 7 2009</del> |
| Brief Description of Business:   | private investm         | ent company     |                       |                        |             |                |                     |
|                                  | -                       |                 | <u></u>               |                        |             | THESTIRE       | M RELIERS           |
| Type of Business Organization    | 1                       |                 |                       |                        |             |                | w iceitka           |
| ☐ corpor                         | ation                   | ☐ limited       | partnership, already  | formed                 | 🖾 other (pl | ease specify)  | •                   |
| □ busine                         | ss trust                | ☐ limited       | partnership, to be fo | ormed                  | Cayman Isl  | ands exempted  | company             |
|                                  |                         |                 | Month                 | Ye                     | ar          |                |                     |
| Actual or Estimated Date of In   | corporation or Organiz  | zation:         | 0 1                   | 0                      | 0           |                | ☐ Estimated         |
| Jurisdiction of Incorporation of | Organization: (Enter    | two-letter U.S. | Postal Service Abbi   | reviation for State;   |             |                | _                   |
| ·                                |                         |                 |                       | or other foreign juris | diction)    | FN             |                     |

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Fallure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, fallure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

|   |  | A. BASIC ID  | ENTIFICATION DATA             | Α  |  |
|---|--|--|-------------------------------|--|--|
| <ul> <li>Each beneficial owner!</li> </ul>                | suer, if the is<br>having the po<br>and director o | suer has been organized witl<br>wer to vote or dispose, or dir<br>of corporate issuers and of co | ect the vote or disposition o | of, 10% or more of a<br>ling partners of par | a class of equity securities of the issuer;<br>tnership issuers; and |
| Check Box(es) that Apply: _ [                             | Promoter   | ☐ Beneficial Owner   | ☐ Executive Officer           | ☐ Director                                   | ☑ Investment Adviser   |
| Full Name (Last name first, if in                         | dividual):   | Columbia Partners, L.L.C.  | Investment Management         |  |  |
| Business or Residence Address<br>New York, New York 10005 | (Number an   | d Street, City, State, Zip Cod   | e): 5425 Wisconsin Ave.,      | , Chevy Chase, Mi                            | D 20815  |
| Check Box(es) that Apply: [                               | Promoter   | ☐ Beneficial Owner   | ☐ Executive Officer           | □ Director                                   | ☐ General and/or Managing Partner                                    |
| Full Name (Last name first, if in                         | dividual):   | Williams, Rhys H.  |                               |  |  |
| Business or Residence Address<br>Chevy Chase, MD 20815    | s (Number an                                       | d Street, City, State, Zip Cod   | le): c/o Columbia Partners    | , L.L.C. Investme                            | nt Management 5425 Wisconsin Ave.,                                   |
| Check Box(es) that Apply: [                               | Promoter   | ☐ Beneficial Owner   | ☐ Executive Officer           | □ Director                                   | General and/or Managing Partner                                      |
| Full Name (Last name first, if in                         | dividual):   | Von Pentz, Robert A.   |                               |  |  |
| Business or Residence Address<br>Chevy Chase, MD 20815    | s (Number an                                       | d Street, City, State, Zip Coo   | de): c/o Columbia Partners    | , L.L.C. Investme                            | nt Management 5425 Wisconsin Ave.,                                   |
| Check Box(es) that Apply: [                               | Promoter   | ☐ Beneficial Owner   | ☐ Executive Officer           |  | General and/or Managing Partner                                      |
| Full Name (Last name first, if in                         | dividual):   | Scott, K. Dunlop   |                               |  |  |
| Business or Residence Address<br>Chevy Chase, MD 20815    | s (Number an                                       | d Street, City, State, Zip Coo   | de): c/o Columbia Partners    | s, L.L.C. Investme                           | nt Management 5425 Wisconsin Ave.,                                   |
| Check Box(es) that Apply:                                 | Promoter   | ☐ Beneficial Owner   | ☐ Executive Officer           | ☑ Director                                   | ☐ General and/or Managing Partner                                    |
| Full Name (Last name first, if in                         | idividual):  | Winsor, Curtin   |                               |  |  |
| Business or Residence Addres<br>Chevy Chase, MD 20815     | s (Number an                                       | d Street, City, State, Zip Coo   | de c/o Columbia Partners,     | L.L.C. Investmen                             | t Management 5425 Wisconsin Ave.,                                    |
| Check Box(es) that Apply:                                 | Promoter   | ☐ Beneficial Owner   | ☐ Executive Officer           | ☐ Director                                   | ☐ Manager  |
| Full Name (Last name first, if in                         | ndividual):  |  |                               |  |  |
| Business or Residence Addres                              | s (Number ar                                       | nd Street, City, State, Zip Coo  | de): c                        |  |  |
| Check Box(es) that Apply:                                 | Promoter   | ☐ Beneficial Owner   | ☐ Executive Officer           | Director                                     | ☐ General and/or Managing Partner                                    |
| Full Name (Last name first, if in                         | ndividual):  |  |                               |  |  |
| Business or Residence Addres                              | s (Number ar                                       | nd Street, City, State, Zip Coo  | de):                          |  |  |
| Check Box(es) that Apply:                                 | Promoter   | Beneficial Owner   | ☐ Executive Officer           | Director                                     | ☐ General and/or Managing Partner                                    |
| Full Name (Last name first, if in                         | ndividual):  |  |                               |  |  |
| Business or Residence Addres                              | s (Number ar                                       | nd Street, City, State, Zip Co   | de):                          |  |  |
| Check Box(es) that Apply:                                 | ☐ Promoter   | ☐ Beneficial Owner   | ☐ Executive Officer           | Director                                     | ☐ General and/or Managing Partner                                    |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| 1.       | Has the iss  | uer sold, o   | r does the is  | suer inten  |  |   | edited inve<br>endix, Col                                  |  |  |  |                                | ☐ Yes  | ⊠ No               |     |
|----------|--|---|--|---|--|---|--|--|--|--|--------------------------------|--------|--------------------|-----|
| 2.       | What is the  | minimum   | investment   | hat will be   | accepted   | from any i  | ndividual?   | ***************************************                  |  |  | ********                       |        | 00,000<br>e Walved |     |
| 3.       | Does the c   | ffering perr  | nit joint own  | ership of a   | single uni   | t?  |  | *************  |  | ***************************************                  |                                | ⊠ Yes  | □No                | 2.3 |
| 4.       | Enter the in<br>any commo<br>offering. If<br>and/or with | aformation<br>ssion or sir<br>a person to<br>a state or | requested fo<br>nilar remund<br>be listed is<br>states, list the | or each per<br>eration for s<br>an associ<br>ne name of | son who h<br>solicitation<br>ated perso<br>the broke | as been o<br>of purcha<br>on or agen<br>r or dealer | r will be pa<br>sers in cor<br>t of a broke<br>. If more t | uid or giver<br>nection wi<br>er or deale<br>han five (5 | n, directly of<br>th sales of<br>r registere<br>i) persons | or indirectly<br>securities<br>d with the<br>to be liste | y,<br>s in the<br>SEC<br>d are |        |                    |     |
| Full     |  | ·   | such a bro   |   | er, you ma<br>applicab                               |   | the inform   | ation for th   | nat broker   | or dealer (  | only.                          |        |                    |     |
|          | ······································                   |   | ii iiioividda  |   |  | ····  | ·  |  |  |  |                                |        |                    |     |
| Busi     | ness or Res  | idence Ad   | dress (Numi  | per and Str   | eet, City, S   | State, Zip  | Code)  |  |  |  |                                |        |                    | 1.5 |
| Nam      | e of Associ  | ated Broke  | r or Dealer  |   |  | -   |  |  |  |  |                                |        |                    | ·   |
| State    |  |   | ted Has Sol<br>check indiv                                       |   |  |   |  |  |  |  |                                |        | ☐ All States       |     |
|          |  | () [AZ  |  |   |  |   |  |  |  | ☐ [GA]   | ☐ (HI)                         | [ID]   |                    |     |
|          | L) 🗆 (IN   | ] 🔲 [IA]  | □ [KS]   | [KY]  | [LA]   |   | [MD]   | [MA]   | [MI]   | ☐ (MN)   | ☐ [MS]                         | [MO]   |                    |     |
|          | N] [] [TΝ  | E) [] (N\   | ′) □ [NH]  | □ [NJ]  | □ [NM]   | □ [NY]  | ☐ [NC]   | □ [ND]   | □ [OH]   | □ [OK]   | □ [OR]                         | □ [PA] |                    |     |
|          | RI) 🔲 [S   | c) 🗆 (sc  | ) 🔲 [TN]   | □ [TX]  |  | □ [VT]  | □ [VA]   | [WA]   | [WV]   |  |                                | □ {PR} |                    |     |
| Fuli     | Name (Las  | name first  | if individua   | )   |  |   |  |  |  |  |                                |        |                    |     |
| Busi     | ness or Re   | idence Ad   | dress (Num   | per and Str   | eet, City,   | State, Zip  | Code)  |  |  |  |                                |        |                    |     |
| Nam      | e of Assoc   | ated Broke  | r or Dealer  |   |  |   |  |  |  |  |                                |        |                    |     |
| State    |  |   | ted Has So<br>check indiv  |   |  |   |  |  |  |  |                                |        | ☐ All States       |     |
|          | AL] [A   | <) [A2  | ] 🔲 [AR]   | □ (CA)  | [CO]   | □ [CT]  | □ (DE)   | □ [DC]   | [FL]   | □ [GA]   | [HI]                           | [ID]   | <u> </u>           |     |
|          | L] 🔲 [II   | ] 🔲 [IA]  | ☐ [KS]   | □ [KY]  | [LA]   | ☐ [ME]  | ☐ [MD]   | ☐ [MA]   | [MI]   | ☐ [MN]   | ☐ [MS]                         | [MO]   |                    |     |
|          | M] 🔲 [TN   | E) 🔲 (N/  | /) □ [NH]  | □ [NJ]  | □ [NM]   | □ [NY]  | □ [NC]   |  | [OH]   |  | □ [OR]                         | □ [PA] |                    |     |
|          | RI) 🔲 (S   | C) 🗀 (SC  | (NT) [[(   | □ (TX)  | [[עד   |   | □ [VA]   | [AW]   | [M∧]   | [WI]   |                                | □ (PR) |                    |     |
| Full     | Name (Las  | name first  | if individua   | 1)  |  |   |  |  |  |  |                                |        |                    |     |
| Busi     | ness or Re   | sidence Ad  | dress (Num   | ber and St  | reet, City,  | State, Zip  | Code)  |  |  |  |                                |        |                    |     |
| Nam      | e of Assoc   | ated Broke  | r or Dealer  |   |  |   |  |  |  |  |                                |        |                    | _   |
| Stat     |  |   | ted Has So<br>check indiv  |   |  | -   | -  |  |  |  |                                |        | ☐ All States       |     |
|          | AL) [A   | <]  | [AR] 🔲   | ☐ [CA]  | □ [CO]   |   | □ (DE)   |  | □ [FL]   | ☐ [GA]   | [HI]                           | [OI]   |                    |     |
|          | r] 🗖 [16   | ] 🔲 [IA]  | ☐ [KS]   | ☐ [KY]  | [LA]   | ☐ [ME]  | ☐ [MD]   | ☐ [MA]   | [MI]   | ☐ [MN]   | ☐ [MS]                         | [MO]   |                    |     |
|          |  | E] [N\  |  |   |  |   |  |  | □ [OH]   |  |                                | □ [PA] |                    |     |
| <u> </u> | RI) 🔲 (S   | C) [SC  | (NT) [TN]  |   |  |   | [AV]   |  |  |  |                                | [PR]   |                    |     |
|          |  |   |  | (Use bla  | nk sheet,  | or copy an  | d use addi   | tional cop   | es of this s   | sheet, as r  | necessary)                     |        | <del></del>        |     |

**B. INFORMATION ABOUT OFFERING** 

|    | Č. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AF   | ND US       | SE OF PROCEE                | DS        | <u> </u>                                   |
|----|---|-------------|-----------------------------|-----------|--|
| ١. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |             |                             |           | Annount Alone de                           |
|    | Type of Security  |             | Aggregate<br>Offering Price | ,         | Amount Already<br>Sold                     |
|    | Debt  | . <u>\$</u> | 00                          | <u>\$</u> | 0  |
|    | Equity  | <b>\$</b>   |                             | \$        |  |
|    | ☐ Common ☐ Preferred  |             |                             |           |  |
|    | Convertible Securities (including warrants)   | . <b>\$</b> | 0                           | \$        | 0  |
|    | Partnership Interests   |             | 0                           | _\$       | 0  |
|    | Other (Specify) participating redeemable shares   | \$          | 100,000,000                 | \$        | 11,975,635                                 |
|    | Total   | \$          | 100,000,000                 | \$        | 11,975,635                                 |
|    | Answer also in Appendix, Column 3, if filing under ULOE   |             |                             |           |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |             |                             |           |  |
|    |   |             | Number<br>Investors         |           | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors  | <u></u>     | 15                          | <u> </u>  | 11,975,635                                 |
|    | Non-accredited Investors  |             | 0                           | \$        | 0  |
|    | Total (for filings under Rule 504 only)   |             | 0                           | <u>\$</u> | 0  |
|    | Answer also in Appendix, Column 4, if filing under ULOE   |             |                             |           |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.  |             |                             |           |  |
|    | Type of Offering  |             | Types of<br>Security        |           | Dollar Amount<br>Sold                      |
|    | Rule 505  |             | п/а                         | <u>\$</u> | n/a_                                       |
|    | Regulation A  |             | n/a                         | \$        | n/a  |
|    | Rule 504  |             | n/a                         | <u> </u>  | n/a_                                       |
|    | Total   |             | n/a                         | \$        | n/a  |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |             |                             |           |  |
|    | Transfer Agent's Fees   |             | 🗖                           | \$        | 0  |
|    | Printing and Engraving Costs  |             | 🗖                           | \$        | 0  |
|    | Legal Fees  |             |                             | <u>\$</u> | 18,058                                     |
|    | Accounting Fees   |             |                             | \$        | 0  |
|    | Engineering Fees  |             |                             | \$        | 0  |
|    | Sales Commissions (specify finders' fees separately)  |             |                             | \$        | 0  |
|    | Other Expenses (identify)   |             |                             | <u>\$</u> | 0  |
|    | · · · · · · · · · · · · · · · · · · ·   |             |                             |           |  |

18,058

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| eeds to the issuer."   |  |  | <u>\$</u>  | 99,981,942  |
|--|--|--|--|---|
| low the amount of the adjusted gross proceeds to the issuer used or prothe purposes shown. If the amount for any purpose is not known, furnispox to the left of the estimate. The total of the payments listed must equeeds to the issuer set forth in response to Part C – Question 4.b. above. | h an estimate an   |  |  |   |
|  |  | Payments to<br>Officers,<br>Directors &<br>Affiliates  |  | Payments to<br>Others   |
| aries and fees   |  | \$   | _ 0  | \$  |
| chase of real estate   |  | \$   | _ 🗆  | \$  |
| chase, rental or leasing and installation of machinery and equipment   |  | \$   | 🗆  | \$  |
| nstruction or leasing of plant buildings and facilities  | 🗖  | \$   |  | <u>s</u>  |
| uisition of other businesses (including the value of securities involved in<br>uring that may be used in exchange for the assets or securities of anothe<br>suant to a merger  | r issuer   | \$   | 🗆  | \$  |
| payment of indebtedness  |  | \$   |  | \$  |
| rking capital  | 🗖  | \$   | _ 🗵  | \$ 99,981,942   |
| er (specify):  |  | \$   | _ 🗆  | \$  |
|  |  | \$   | □  | \$  |
| umn Totals   | 🗖  | \$   | 🛛  | \$ 99,981,942   |
| al payments Listed (column totals added)   | ••••   | <b>⊠</b> -   | \$ 99,981  | ,942  |
| DE EEDEDAL SIG   | NATURE (   |  |  |   |
|  | -  |  | in die   |   |
|  |  |  |  |   |
| Type) Signature Fund, Ltd.   | 1/6-   |  |  | ,<br>, 2009   |
| , , , , , , , , , , , , , , , , , , ,  | Type):   | l  | <del></del>  |   |
| Truer (  | luly caused this notice to be signed by the undersigned duly authorized idertaking by the issuer to furnish to the U.S. Securities and Exchange any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Title of Signer (Print of Sig | luly caused this notice to be signed by the undersigned duly authorized person. If this idertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, up any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Title of Signer (Print of Type): | luly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule idertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.    Signature   Signature   Italy   It | luly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the federtaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the in any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.    Signature |

| 4 7 | _ |   |   | ~  | -    |   |  |
|-----|---|---|---|----|------|---|--|
| А٦  |   | - | N | 11 | IC 3 | N |  |
|     |   |   |   |    |      |   |  |

| Intentional | missta | tements | or omiss | lons of | fact of | constitute | federal | criminal | violations. | (See 18 | U.S.C. | 1001.) |
|-------------|--------|---------|----------|---------|---------|------------|---------|----------|-------------|---------|--------|--------|
|             |        |         |          |         |         |            |         |          |             |         |        |        |

|        | A STATE OF THE STA | E. STATE SIGNATURE   |   |
|--------|--|--|---|
| 1.     | Is any party described in 17 CFR 230.262 presentl provisions of such rule?   | ly subject to any of the disqualification  | Yes 🛛 No  |
|        | See Appe   | endix, Column 5, for state response.   |   |
| 2.     | The undersigned issuer hereby undertakes to furn (17 CFR 239.500) at such times as required by sta   | ish to any state administrator of any state in which this notice i ate law.  | is filed a notice on Form D   |
| 3.     | The undersigned issuer hereby undertakes to furn   | ish to the state administrators, upon written request, information   | on furnished by the issuer to offerees.                                     |
| 4.     | The undersigned issuer represents that the issuer<br>Exemption (ULOE) of the state in which this notice<br>of establishing that these conditions have been sa  | is familiar with the conditions that must be satisfied to be entit<br>is filed and understands that the issuer claiming the availabili<br>tisfied. | led to the Uniform limited Offering<br>ity of this exemption has the burden |
|        | suer has read this notification and knows the contents zed person.   | to be true and has duly caused this notice to be signed on its   | behalf by the undersigned duly  |
|        | (Print or Type)<br>Equity Fund, Ltd.   | Signature  | Date<br>March <b>1</b> , 2009   |
| Name   | of Signer (Print or Type)  | Title of Signer (Print or Type):   | <del></del>   |
| K. Dun | nlop Scott   | Director //  |   |

|       | •   | ·•      |  | APF                                  | PENDIX   | , E e                                    |          |  | ,  |  |  |  |  |  |                               |
|-------|---|---------|--|--------------------------------------|--|--|----------|--|--|--|--|--|--|--|-------------------------------|
|       |   |         | 2  |                                      |  |  | <u> </u> |  | -  |  |  |  |  |  |                               |
| 1     | Intend<br>to non-ac<br>investors<br>(Part B - | to sell | Type of security and aggregate offering price offered in state (Part C - Item 1) |                                      | Type of investor and<br>amount purchased in State<br>(Part C Item 2) |  |          |  |  |  | Disquality under State |  | Disqualifi<br>under Stat<br>(if yes, a<br>explanat |  | fication<br>te ULOE<br>attach |
| State | Yes   | No      | Participating redeemable shares  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount   | Yes  | No   |  |  |  |  |  |                               |
| AL    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| AK    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| AZ    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| AR    |   |         |  | _                                    |  |  |          |  |  |  |  |  |  |  |                               |
| CA    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| СО    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| СТ    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| DE    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| DC    |   | -       |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| FL    |   |         |  | -                                    |  |  |          |  |  |  |  |  |  |  |                               |
| GA    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| н     |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| ID    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| IL    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| iN    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| IA    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| KS    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| КҮ    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| LA    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| ME    | _   |         |  |                                      | -  |  |          |  |  |  |  |  |  |  |                               |
| MD    |   | Х       | \$100,000,000  | 3                                    | \$2,400,000  | 0  | \$0      | -  | Х  |  |  |  |  |  |                               |
| MA    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| МІ    | -   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| MN    | 1   |         |  |                                      | , , , , , , , , , , , , , , , , , , ,                                |  | _ ,      |  |  |  |  |  |  |  |                               |
| MS    |   |         |  |                                      | [  |  |          |  |  |  |  |  |  |  |                               |
| мо    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| MT    | <del> </del>                                  |         |  |                                      | <del> </del>   |  |          |  | 1  |  |  |  |  |  |                               |
| NE    |   |         |  |                                      |  |  |          |  |  |  |  |  |  |  |                               |
| NV    | 1   |         |  |                                      |  |  |          | <del>                                     </del> |  |  |  |  |  |  |                               |
| NH    | <del> </del>                                  | +       |  |                                      |  |  |          |  | 1  |  |  |  |  |  |                               |
| NJ    |   | х       | \$100,000,000  | 1                                    | \$1,000,000  | 0  | \$)      |  | X  |  |  |  |  |  |                               |
| NM    |   | 1       |  |                                      |  |  |          |  | <del>                                     </del> |  |  |  |  |  |                               |

|           |   |                      |  | API                                  | PENDIX      |   |            | <i>*</i> .  | · **     |
|-----------|---|----------------------|--|--------------------------------------|-------------|---|------------|---|----------|
|           | ·   |                      |  |                                      |             |   |            | <del></del>   |          |
| 1         | 2   | 2                    | 3  |                                      |             | 4   |            | 5   |          |
|           | Intend<br>to non-ad<br>investors<br>(Part B - | credited<br>in State | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C – Item 1) |                                      | Amount pure | nvestor and<br>chased in State<br>; – Item 2) |            | Disqualification<br>under State ULO<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E – Item 1 |          |
| State     | Yes   | No                   | Participating redeemable shares  | Number of<br>Accredited<br>Investors | Amount      | Number of<br>Non-Accredited<br>Investors      | Amount     | Yes   | No       |
| NY        |   | Х                    | \$100,000,000  | 1                                    | \$890,000   | 0   | \$0        |   | x        |
| NC        |   |                      |  |                                      |             |   |            |   |          |
| ND        |   |                      |  |                                      |             |   |            |   |          |
| он        |   |                      |  |                                      |             |   |            |   |          |
| ок        |   |                      |  |                                      |             |   |            |   |          |
| OR        |   |                      |  |                                      |             |   |            |   |          |
| PA        |   | Х                    | \$100,000,000  | 1                                    | \$300,000   | 0   | \$0        |   | х        |
| RI        |   |                      |  |                                      |             |   |            |   |          |
| sc        |   |                      |  |                                      |             |   |            |   |          |
| SD        |   |                      |  |                                      |             |   |            |   |          |
| TN        |   |                      |  |                                      |             |   |            |   |          |
| TX        |   | X                    | \$100,000,000  | 1                                    | \$444,117   | 0   | \$0        |   | Х        |
| UT        |   |                      |  |                                      |             |   |            |   | <u> </u> |
| VT        |   | <u> </u>             |  |                                      |             |   | <u>.</u> . |   |          |
| VA        |   |                      |  |                                      |             |   |            |   |          |
| WA        |   |                      |  |                                      |             |   |            |   |          |
| wv        |   |                      |  |                                      |             |   |            |   | <u> </u> |
| WI        |   |                      |  |                                      |             |   |            |   |          |
| WY        |   |                      |  |                                      |             |   |            |   | ļ        |
| Non<br>US | <u></u>                                       | ×                    | \$100,000,000  | 8                                    | \$6,941,518 | 0   | \$0        |   | ×        |

